

U.S. DEPARTMENT OF AGRICULTURE
FOOD SAFETY AND INSPECTION SERVICE

INSTRUCTIONS:

Submit this application to the District Manager, Food Safety and Inspection Service, U.S. Department of Agriculture for applicable inspection requests. Complete all sections. If a section is not applicable enter "N/A" or "None." If additional space is needed for any item, attach sheet and number the item.

APPLICATION FOR FEDERAL MEAT, POULTRY, OR IMPORT INSPECTION

SECTION I (to be completed for Import or Domestic Inspection Activities)

1. DATE OF APPLICATION 7-27-98	2. TYPE OF APPLICATION <input checked="" type="checkbox"/> NEW <input type="checkbox"/> CHANGE OF OWNER <input type="checkbox"/> CHANGE OF LOCATION <input type="checkbox"/> OTHER (Specify)	3. TYPE OF INSPECTION REQUIRED <input checked="" type="checkbox"/> MEAT <input type="checkbox"/> IMPORT <input checked="" type="checkbox"/> POULTRY	4. EXEMPTED ACTIVITIES (Specify) Custom Processing Retail Exempt
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5. FORM OF ORGANIZATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> COOPERATIVE ASSOCIATION <input type="checkbox"/> PARTNERSHIP <input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> OTHER (Specify)	6. IF CORPORATION; NAME OF STATE WHERE INCORPORATED Missouri	7. DATE INCORPORATED (Month and Year) 4-90
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8. NAME OF APPLICANT (Company Name) AND MAILING ADDRESS (Include Zip Code) Rains Natural Meats Division of Pro Show Enterprises 23795 260th Street Gallatin, MO 64640	FEDERAL EMPLOYER IDENTIFICATION NO. (As assigned by Internal Revenue Service) [REDACTED]	9. AREA CODE TELEPHONE NUMBER 660 663 3674 660 663 4153
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10a. LOCATION OF PLANT AND MAILING ADDRESS IF DIFFERENT FROM ITEM 8 (Include Zip Code) None	11. AREA CODE TELEPHONE NUMBER
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10b. ATTACH A DESCRIPTION OF THE LIMITS OF THE ESTABLISHMENT PREMISES THAT IS REQUESTED TO BE UNDER FEDERAL INSPECTION (e.g., Diagram, written narrative, or schematic) **Attachment**

12. NAME AND ESTABLISHMENT NUMBER OF OTHER ESTABLISHMENTS LOCATED IN THE SAME FACILITY None	13. OTHER NAMES (If any) UNDER WHICH BUSINESS WILL BE CONDUCTED None
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14. DAYS PER YEAR PLANT WILL OPERATE EXEMPT [REDACTED] NON-EXEMPT [REDACTED]	15. HOURS PER WEEK PLANT WILL OPERATE EXEMPT [REDACTED] NON-EXEMPT [REDACTED]	16. HOURS PER DAY PLANT WILL OPERATE EXEMPT [REDACTED] NON-EXEMPT [REDACTED]	17. MONTH AND YEAR WHEN PLANT WILL BE READY TO OPERATE UNDER INSPECTION PROGRAM EXEMPT [REDACTED] NON-EXEMPT [REDACTED]
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SECTION II (to be completed for Domestic Inspection Activities)

SLAUGHTER	18. ANIMALS TO BE SLAUGHTERED WHEN INSPECTION IS INAUGURATED
	<input type="checkbox"/> CATTLE <input type="checkbox"/> CALVES <input type="checkbox"/> SHEEP <input type="checkbox"/> GOATS <input type="checkbox"/> SWINE <input type="checkbox"/> EQUINES <input type="checkbox"/> YOUNG CHICKENS <input type="checkbox"/> MATURE CHICKENS <input type="checkbox"/> TURKEYS <input type="checkbox"/> GEESE <input type="checkbox"/> DUCKS <input type="checkbox"/> GUINEAS

COMMERCE ONLY	19. FRESH MEAT OR READY-TO-COOK POULTRY TO BE DISPOSED OF IN COMMERCE 1/
	<input type="checkbox"/> BEEF <input type="checkbox"/> VEAL <input type="checkbox"/> LAMB OR MUTTON <input type="checkbox"/> GOAT MEAT <input type="checkbox"/> PORK <input type="checkbox"/> EQUINE MEAT <input type="checkbox"/> YOUNG CHICKENS <input type="checkbox"/> MATURE CHICKENS <input type="checkbox"/> TURKEYS <input type="checkbox"/> GOOSE <input type="checkbox"/> DUCK <input type="checkbox"/> GUINEA

PROCESSING	20. PREPARED OR PROCESSED WHEN INSPECTION IS INAUGURATED
	TYPE OF PRODUCT <input type="checkbox"/> MEAT <input type="checkbox"/> POULTRY <input checked="" type="checkbox"/> BOTH a. <input checked="" type="checkbox"/> BREAKING/CUTTING (carcasses, primal cuts, whole poultry, poultry parts etc.) b. <input checked="" type="checkbox"/> BONING (manual boning meat/poultry) c. <input type="checkbox"/> MECHANICAL DEBONING (mechanical deboning meat/poultry) d. <input checked="" type="checkbox"/> FABRICATING (roast, steaks, chops, ground beef, hamburger etc.) e. <input type="checkbox"/> CURING (pork cuts, beef cuts, turkey, ham etc.) f. <input checked="" type="checkbox"/> FORMULATING (fresh/cured sausages, loaves, poultry rolls, pattie mix etc.) g. <input type="checkbox"/> COOKING/SMOKING (pork cuts, beef cuts, sausage, loaves etc.) h. <input type="checkbox"/> CANNING (Shelf stable, perishable, cans, pouches, glass) i. <input type="checkbox"/> DRYING (pork cuts, beef cuts, sausage, dehydrated products) j. <input type="checkbox"/> CONVENIENCE ITEMS (entrees, dinners, pies, pizzas etc.) k. <input checked="" type="checkbox"/> SLICING (bacon, luncheon meats sausage etc.) l. <input type="checkbox"/> FATSOILS (lard, tallow, shortening, margarine etc.) m. <input type="checkbox"/> OTHER (Specify)

SECTION III (to be completed for Import Inspection Activities)

21. IMPORT INSPECTION ACTIVITIES

N/A

a. CARCASSES <input type="checkbox"/> BEEF <input type="checkbox"/> VEAL <input type="checkbox"/> SWINE <input type="checkbox"/> SHEEP <input type="checkbox"/> GOATS <input type="checkbox"/> EQUINE		<input type="checkbox"/> VENISON <input type="checkbox"/> OTHER (describe)	b. FRESH <input type="checkbox"/> CUTS <input type="checkbox"/> BONELESS MFG MEAT		d. COOKED BEEF <input type="checkbox"/> RESTRICTED <input type="checkbox"/> UNRESTRICTED		f. PROCESSED PRODUCTS <input type="checkbox"/> FRESH/FROZEN <input type="checkbox"/> HEATED <input type="checkbox"/> DRIED/SEMI-DRIED		h. POULTRY (Parts) <input type="checkbox"/> RAW <input type="checkbox"/> COOKED <input type="checkbox"/> OTHER POULTRY (describe)	
			c. FROZEN MFG. MEATS <input type="checkbox"/> CUTS <input type="checkbox"/> BONELESS MFG MEAT		e. CONTAINERS <input type="checkbox"/> PERISHABLE <input type="checkbox"/> SHELF STABLE		g. POULTRY (Whole Carcass) <input type="checkbox"/> RAW <input type="checkbox"/> COOKED			

SECTION IV (to be completed for Import and Domestic Inspection Activities)

22. List all persons responsibly connected with the applicant. Include all owners, partners, officers, directors, holders or owners of 10 per centum or more of voting stock, and employees in a managerial or executive capacity in the business. Notify the District Manager of any changes in the listing given.

NAME TITLE (Indicate if partner, manager)	SOCIAL SECURITY NUMBER	DATE OF BIRTH	PLACE OF BIRTH (City and State)	PRESENT HOME ADDRESS (Street and Number, City, State, Zip Code)	HOLDER OF 10% OR MORE VOTING STOCK (If Corp)	
					YES	NO
David Rains Manager	[REDACTED]	[REDACTED]	Marshall MO	23500 260th St. Gallatin, MO 64640	X	[]
Steve Rains Partner	[REDACTED]	[REDACTED]	Bethany MO	25505 St Hwy 6 Gallatin, MO 64640	[]	X
Donald Rains Partner	[REDACTED]	[REDACTED]	Barnett MO	307 S Clay Gallatin, MO 64640	[]	X

23. Enter the name of each person listed under Item 22 who has been convicted in any Federal or State court of any felony. Enter the name of each person listed under Item 22 who has been convicted in any Federal or State court of more than one violation of any law, other than a felony, based upon the acquiring, handling, or distributing of unwholesome, mislabeled, or deceptively packaged food or upon fraud in connection with transactions in food. Include the nature of the crime, the date of conviction and the court in which convicted. If none write "None."

None

24. List each conviction against the applicant (person, firm or corporation) in any Federal or State court of any felony. List each conviction against the applicant (person, firm or corporation) in any Federal or State court of more than one violation of any law, other than a felony, based upon the acquiring, handling, or distributing of unwholesome, mislabeled, or deceptively packaged food or upon fraud in connection with transactions in food. Include the nature of the crime, the date of conviction and the court in which convicted. If non write "None."

None

25. SANITATION STANDARD OPERATING PROCEDURES HAVE BEEN DEVELOPED FOR THE ESTABLISHMENT IN ACCORDANCE WITH §416.12 OF THE REGULATIONS. (Check) YES NO

26. APPLICANT HAS BEEN PROVIDED WITH A COPY OF THE PRIVACY ACT NOTICE (Check) YES NO

AGREEMENT AND CERTIFICATION: If inspection is granted under the application, I (we) expressly agree to conform strictly to the Federal Meat Inspection Act (21 U.S.C. 601 et seq.), the Regulations Governing the Meat Inspection of the United States Department of Agriculture (9 CFR Part 301 et seq.), or the Poultry Products Inspection Act (21 U.S.C. 451 et seq.), and the Poultry Products Inspection Regulations (9 CFR 381 et seq.), or both I CERTIFY that all statements made herein are true to the best of my knowledge and belief.

WARNING: Persons willfully making false, fictitious, or fraudulent statements or entries are subject to \$10,000 fine or imprisoned not more than five years or both as prescribed by Title 18 U.S. Code 1001.

This is an Equal Opportunity Program. If you believe you have been discriminated against because of race, color, religion, sex, national origin, age or handicap, write immediately to the Secretary of Agriculture or the Administrator, FSIS, Washington, D.C. 20250.

27. TYPED NAME OF PERSON SIGNING APPLICATION David Rains		SIGNATURE AND TITLE OF OWNER, PARTNER, OR AUTHORIZED OFFICER MAKING THIS APPLICATION 28. SIGNATURE <i>David Rains</i>		29. TITLE Manager
30. OFFICIAL NUMBER ASSIGNED/RESERVED EST 20575 IP. P-20575		31. IS THIS PLANT PRESENTLY UNDER STATE INSPECTION (Completed by District Office) New Plant <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		

TO BE COMPLETED BY USDA

32. DATE RECEIVED 8-14-98	33. DATE REVIEWED 8-17-98	34. THIS PLANT TO BE UNDER TALMADGE-AIKEN ACT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	36. DATE AR0004515 11/30/98
35. SIGNATURE OF DISTRICT MANAGER <i>Wm M Walker</i>			